



ICE HOUSE AVALANCHE DEVELOPMENTAL HOCKEY CLINICS SPRING 2010

PROFESSIONAL INSTRUCTION BY GLENN CARLOUGH, TOM PREVILLE & RYAN GIBBONS FOR BOYS & GIRLS OF ALL AGES & ABILITIES

HOCKEY LEARN TO SKATE

12 week program

\$155

Introduction to skating on hockey skates for boys and girls with no previous skating experience. A hockey helmet with cage is required to participate. Rental skates are included for this clinic.

A	Mondays	3/15/10 – 6/14/10	5:30 – 6:00pm	All Ages	NO CLINICS: 4/19, 5/31
B	Thursdays	3/18/10 – 6/17/10	5:30 – 6:00pm	All Ages	NO CLINICS: 4/15, 4/22

HOCKEY LEARN TO PLAY

12 week program

\$300

All clinics will be broken down into 3 skill level groups; beginner, intermediate and advanced. Players will have the opportunity to advance to a higher skill level group based on the coach's evaluation of their improvement. Sessions will consist of 45 minutes of skill development followed by a 15 minute cross-ice game. A jersey is included with this clinic. Full hockey equipment is required. Rental skates are available.

C	Mondays	3/15/10 – 6/14/10	6:00 – 7:00pm	Ages 13 & under	NO CLINICS: 4/19, 5/31
D	Thursdays	3/18/10 – 6/17/10	6:00 – 7:00pm	Ages 13 & under	NO CLINICS: 4/15, 4/22
E	Sundays	3/21/10 – 6/20/10	10:45 – 11:45am	Ages 13 & under	NO CLINICS: 4/4, 5/30

SEMI-PRIVATE HOCKEY LESSONS

8 week program

\$360

4 to 1 Player / Coach Ratio – Each session limited to 12 players

F	Tuesdays	4/27/10 – 6/15/10	4:45 – 5:45pm	All Ages
G	Wednesdays	4/28/10 – 6/16/10	4:45 – 5:45pm	All Ages
H	Thursdays	4/29/10 – 6/17/10	4:15 – 5:15pm	All Ages

MISSED CLINICS CANNOT BE MADE UP ON ALTERNATE DAYS

SPRING 2010 HOCKEY CLINIC APPLICATION

NAME	DOB	AGE
ADDRESS		
CITY, STATE, ZIP		
HOME PHONE #	CELL PHONE #	
E-MAIL ADDRESS		

CLINICS: (CIRCLE)

LEARN TO SKATE

LEARN TO PLAY

SEMI-PRIVATE

CLOSED

CLOSED

G H

FORM OF PAYMENT

NO REFUNDS OR CREDITS

AMOUNT \$ _____

CHECK # _____ (make checks payable to Ice House Hockey)

CREDIT CARD # _____ EXP. DATE _____



NAME AS IT APPEARS ON CARD _____

WAIVER: It is agreed that Ice House shall in no way be responsible or liable for any injury of any kind arising out of, or in the course of any operation of Ice House. It is the intention of Parent to waive and release any and all claims, of any kind what so ever, in law or in equity of his or her enrolled son / daughter, or ward, a minor, on account of any injury of any kind arising out of or in the course of any operation of Ice House. I grant Ice House the right to use all photographs or videos taken of me or my child during any Ice House programs for advertising and promotional purposes.

Parent/Guardian Signature _____ Date _____